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CONFIRMATION NO. 9209

<b>SERIAL NUMBER</b> 10/030,380	<b>FILING OR 371(c) DATE</b> 07/25/2002 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1655	<b>ATTORNEY DOCKET NO.</b> 24871
<b>APPLICANTS</b> Aharon Shulov, Mevaseret Zion, ISRAEL, Deceased; Shlomit Shulov Barkan, Mevaseret Zion, ISRAEL; Naftali Primor, Rehovot, ISRAEL;				
<b>** CONTINUING DATA *****</b> <i>W</i> This application is a 371 of PCT/IL99/00386 07/14/1999 <b>** FOREIGN APPLICATIONS *****</b> <i>W</i>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> <i>W</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 18
		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 20529				
<b>TITLE</b> Analgesic from snake venom				
<b>FILING FEE RECEIVED</b> 510	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	